Weimer, Noreen

From: Damico, Genevieve
Sent: Wednesday, February 27, 2019 2:54 PM
To: Ogulei, David; Marcus, Danny
Subject: FW: Illinois EPA FOIA Response
Attachments: ATT00001.txt; 097190AFG exempt document list.pdf; 097190AFG_Medline application.pdf

Not that this application is relevant anymore.....

From: Dowson, Sharon <Sharon.Dowson@Illinois.gov>
Sent: Wednesday, February 27, 2019 2:44 PM
To: Damico, Genevieve <damico.genevieve@epa.gov>
Subject: Illinois EPA FOIA Response

February 27, 2019

US EPA
Attn: Ms. Genevieve Damico

Re: Freedom of Information Act Request - 107498

Dear Ms. Damico:

This letter is in response to your Freedom of Information Act (FOIA) (5 ILCS 140/1 et seq.) request dated February 19, 2019 and received by the Illinois Environmental Protection Agency (Illinois EPA) on February 19, 2019.

After reviewing the Illinois EPA's files, and pursuant to Section 7 of FOIA and 2 Ill. Adm. Code 1828.202, the Illinois EPA has determined that some of the public records requested are exempt from disclosure under FOIA. A list of the public records that are exempt from disclosure will be enclosed, including a detailed factual basis for why an exemption is being claimed. Pursuant to Section 9.5 of FOIA and 2 Ill. Adm. Code 1828.505, you may file a request for review with the Public Access Counselor (PAC) established in the Office of the Attorney General no later than 60 days after the date of the Illinois EPA's final denial. Contact information for the PAC is as follows:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 S. 2nd Street
Springfield, Illinois 62706
Phone: 312-814-5526 or
1-877-299-FOIA (1-877-299-3642)
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

You also have the right to seek judicial review of the denial of your request by filing a lawsuit in circuit court, pursuant to 5 ILCS 140/11.

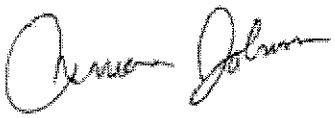
The public records that are not exempt from disclosure are described below.

Requested Information – application 19020013
Medline Industries Inc Northpoint Services Div – 1160 S Northpoint Blvd, Waukegan

The records responsive to your request are attached.

Thank you for your patience in this matter.

Sincerely,



Anwar Johnson
Illinois EPA
FOIA Officer
217.558.5101
http://www.epa.illinois.gov/foia/index

Illinois EPA FOIA Exempt Document List

Agency ID: 170000103572 Media File Type: AIR SID: 26164

Bureau ID: 097190AFG

Site Name: Medline Industries Inc Northpoint Services Div

Site Address1: 1160 S Northpoint Blvd

Site Address2:

Site City: Waukegan State: IL Zip: 60085-6757

FOIA Exempt Records

Exempt Doc #: 4 Document Date: 2 /14/2019 Document Description: CONTROL FOR NEGATIVE PRESSURE DIAGRAM AND NARRATIVE PAGES 27-30

Category ID: 03M Category Description: AIR PERMIT - CONSTRUCTION/JOINT Exempt Type: Portion Removed

Permit ID: Staff: MED Date of Determination: 2 /26/2019

Exemption: 5 ILCS 140/7(1)(g)-CBI Commercial or financial information obtained from a person or business where the trade secrets or commercial or financial information are furnished under a claim that they are proprietary, privileged or confidential.

PENDING CLAIM

5 ILCS 140/7(1)(G)-TS Trade secrets and commercial or financial information obtained from a person or business where the trade secrets or commercial or financial information are furnished under a claim that they are proprietary, privileged or confidential.

PENDING CLAIM

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093

1.847.949.5500
1.800.MEDLINE (633.5463)

medline.com

097190 AFG
19 020013

February 6, 2019

IEPA Bureau of Air
P.O. Box 19506
Springfield, Illinois 62794-9506

Expedited Application

Dear Mr. Pilapil

Within this mailing are materials for Medline Industries, Inc. FESOP construction permit application for additional control devices related to ethylene oxide. Existing permit BOA ID number 097190 AFG.

List of documents included:

-Construction permit application for a FESOP source, APC628, in duplicate

-Form APC260, data and information on air pollution control equipment

-Fee determination, form 197, for construction permit application

-Process flow diagram

-Project narrative

It is the intent of Medline Industries, Inc. to expedite the permit to construct process as soon as reasonably possible.

Thank you,

Jasper Titus

Director EHS

Illinois Environmental Protection Agency
Division Of Air Pollution Control -- Permit Section
P.O. Box 19506
Springfield, Illinois 62794-9506

Construction Permit Application For a FESOP Source (FORM APC628)

For Illinois EPA use only
BOA ID No.: 097 190 AFG
Application No.: 19020013
Date Received: 2-14-19

This form is to be used to supply information to obtain a construction permit for a proposed project involving a Federally Enforceable State Operating Permit (FESOP) or Synthetic Minor source, including construction of a new FESOP source. Other necessary information must accompany this form as discussed in the "General Instructions For Permit Applications," Form APC-201.

Proposed Project

1. Working Name of Proposed Project:
   Medline Industries (Waukegan), Division of Northpoint Serviecs, Improvement Project
2. Is the project occurring at a source that already has a permit from the Bureau of Air (BOA)?
   ☐ No ☒ Yes If Yes, provide BOA ID Number: 097190 AFG
3. Does this application request a revision to an existing construction permit issued by the BOA?
   ☒ No ☐ Yes If Yes, provide Permit Number: __ __ __ __ __ __ __ __
4. Does this application request that the new/modified emission units be incorporated into an existing FESOP issued by the BOA?
   ☒ No ☐ Yes If Yes, provide Permit Number: __ __ __ __ __ __ __ __

Source Information

5. Source name:*
   Medline Industries
6. Source street address:*
   1160 South Northpoint Boulevard

7. City:	8. County:	9. Zip code:
Waukegan	Lake	60085

ONLY COMPLETE THE FOLLOWING FOR A SOURCE WITHOUT AN ID NUMBER.

10. Is the source located within city limits? ☐ Yes ☐ No
    If no, provide Township Name:

11. Description of source and product(s) produced:	12. Primary Classification Code of source: SIC: __ __ __ __ or NAICS: __ __ __ __ __ __
13. Latitude (DD:MM:SS.SSSS):	14. Longitude (DD:MM:SS.SSSS):

* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Applicant Information

15. Who is the applicant?	16. All correspondence to: (check one)
☒ Owner ☐ Operator	☒ Owner ☐ Operator ☐ Source
17. Applicant's FEIN: 36-2596612	18. Attention name and/or title for written correspondence: Jasper Titus, Director EHS

This Agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 et seq. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

Owner Information*		
19. Name: Medline Industries		
20. Address: Three Lakes Drive		
21. City: Northfield	22. State: Illinois	23. Zip code: 60093

* If this information different than previous information, then complete Form 272-CAAPP for a Request for Ownership Change for CAAPP Permit for an initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Operator Information (If Different from Owner)*		
24. Name		
25. Address:		
26. City:	27. State:	28. Zip code:

* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Technical Contacts for Application	
29. Preferred technical contact: (check one) ☒ Applicant's contact ☐ Consultant	
30. Applicant's technical contact person for application: Jasper Titus	
31. Contact person's telephone number (847) 837 2784	32. Contact person's email address: jtitus@medline.com
33. Applicant's consultant for application: Uday Singh	
34. Consultant's telephone number: (949) 697 1750	35. Consultant's email address: usingh0948@gmail.com

Review Of Contents of the Application		
36. Is the emission unit covered by this application already constructed? If "yes", provide the date construction was completed: Note: The Illinois EPA is unable to issue a construction permit for a emission unit that has already been constructed.	☐ Yes	☒ No
37. Does the application include a narrative description of the proposed project?	☒ Yes	☐ No
38. Does the application contain a list or summary that clearly identifies the emission units and air pollution control equipment that are part of the project?	☒ Yes	☐ No
39. Does the application include process flow diagram(s) for the project showing new and modified emission units and control equipment and related existing equipment and their relationships?	☒ Yes	☐ No
40. If the project is at a source that has not previously received a permit from the BOA, does the application include a source description, plot plan and site map?	☐ Yes	☒ No

Review Of Contents of the Application (continued)	
41. Does the application include relevant information for the proposed project as requested on Illinois EPA, BOA application forms (or otherwise contain all the relevant information)?	☒ Yes ☐ No
42. Does the application identify and address all applicable or potentially applicable emissions standards, including: a. State emission standards (35 IAC Chapter I, Subtitle B); b. Federal New Source Performance Standards (40 CFR Part 60); c. Federal standards for HAPs (40 CFR Parts 61 and 63)?	☒ Yes ☐ No
43. Does the application address whether the proposed project or the source could be a major project for Prevention of Significant Deterioration (PSD), 40 CFR 52.21?	☐ Yes ☐ No ☒ N/A
44. Does the application address for which pollutant(s) the proposed project or the source could be a major project for PSD, 40 CFR 52.21?	☐ Yes ☐ No ☒ N/A
45. Does the application address whether the proposed project or the source could be a major project for "Nonattainment New Source Review," (NA NSR), 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
46. Does the application address for which pollutant(s) the proposed project or the source could be a major project for NA NSR, 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
47. Does the application address whether the proposed project or the source could potentially be subject to federal Maximum Achievable Control Technology (MACT) standard under 40 CFR Part 63 for Hazardous Air Pollutants (HAP) and identify the standard that could be applicable?	☐ Yes ☐ No ☒ N/A* * Source not major ☒ Project not major ☒
48. Does the application identify the HAP(s) from the proposed project or the source that would trigger the applicability of a MACT standard under 40 CFR Part 63?	☐ Yes ☐ No ☒ N/A
49. Does the application include a summary of the current and the future potential emissions of the source after the proposed project has been completed for each criteria air pollutant and/or HAP (tons/year)?	☐ Yes ☐ No ☒ N/A* * Applicability of PSD, NA NSR or 40 CFR 63 not applicable to the source's emissions.
50. Does the application include a summary of the requested permitted annual emissions of the proposed project for the new and modified emission units (tons/year)?	☐ Yes ☐ No ☒ N/A* * Project does not involve an increase in emissions from new or modified emission units.
51. Does the application include a summary of the requested permitted production, throughput, fuel, or raw material usage limits that correspond to the annual emissions limits of the proposed project for the new and modified emission units?	☐ Yes ☐ No ☒ N/A* * Project does not involve an increase in emissions from new or modified emission units.
52. Does the application include sample calculations or methodology for the emission estimations and the requested emission limits?	☐ Yes ☒ No
53. Does the application address the relationships with and implications of the proposed project for the source's FESOP?	☒ Yes ☐ No ☐ N/A* *FESOP not yet issued.
54. If the application contains information that is considered a TRADE SECRET, has such information been properly marked and claimed and other requirements to perfect such a claim been satisfied in accordance with 35 IAC Part 130? Note: "Claimed information will not be legally protected from disclosure to the public if it is not properly claimed or does not qualify as trade secret information.	☒ Yes ☐ No ☐ N/A* * No information in the application is claimed to be a TRADE SECRET

Review Of Contents of the Application (continued)		
55. If the source is located in a county other than Cook County, are two separate copies of this application being submitted?	☒ Yes	☐ No
56. If the source is located in Cook County, are three separate copies of this application being submitted?	☐ Yes	☐ No
57. Does the application include a completed "FEE DETERMINATION FOR CONSTRUCTION PERMIT APPLICATION," Form 197-FEE, for the emission units and control equipment for which a permit for construction or modification is being sought?	☒ Yes	☐ No
58. Does the application include a check in the proper amount for payment of the Construction permit fee?	☒ Yes	☐ No

Note: Answering "No" to Items 36 through 58 may result in the application being deemed incomplete.

Signature Block

Pursuant to 35 IAC 201.159, all applications and supplements thereto shall be signed by the owner and operator of the source, or their authorized agent, and shall be accompanied by evidence of authority to sign the application. Applications without a signed certification will be deemed incomplete.

59. Authorized Signature:

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete and that I am a responsible official for the source, as defined by Section 39.5(1) of the Environmental Protection Act. In addition, the technical contact person identified above is authorized to submit (by hard copy and/or by electronic copy) any supplemental information related to this application that may be requested by the Illinois EPA.

BY: Jasper Titus — Director EHS

AUTHORIZED SIGNATURE — TITLE OF SIGNATORY

Jasper Titus — February 6, 2019

TYPED OR PRINTED NAME OF SIGNATORY — DATE

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
1021 NORTH GRAND AVENUE, EAST
SPRINGFIELD, ILLINOIS 62702

* DATA AND INFORMATION AIR POLLUTION CONTROL EQUIPMENT	

* THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF OWNER: Medline Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: AAT Safe- Cell Dry Bed Aeration	

INSTRUCTIONS
1. COMPLETE THE ABOVE IDENTIFICATION SECTION. 2. COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM. BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM. 3. COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION. 4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION. 5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION. 6. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS
AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY: AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES. MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FOR THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY: MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

ADSORPTION UNIT

1. FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Aeration Dry Bed

2. MANUFACTURER: Advanced Air Technologies, Inc.

3. MODEL NAME AND NUMBER: Safe- Cell II Model DR- 490A

4. ADSORBENT:
☐ ACTIVATED CHARCOAL: TYPE _____ ☒ OTHER: SPECIFY 25SC2RE React

5. ADSORBATE(S): Ethylene Oxide

6. NUMBER OF BEDS PER UNIT: 10

7. WEIGHT OF ABSORBENT PER BED: 950 LB

8. DIMENSIONS OF BED:
THICKNESS 18 x 2 bd IN, SURFACE AREA 2368 ea SQUARE IN

9. INLET GAS TEMPERATURE: 68 °F

9. PRESSURE DROP ACROSS UNIT: 3 INCH H_2O GAUGE

11. TYPE OF REGENERATION:
☐ REPLACEMENT ☐ STEAM ☒ OTHER: SPECIFY New replace

12. METHOD OF REGENERATION:
☐ ALTERNATE USE OF _____ ENTIRE UNITS ☐ ALTERNATE USE OF _____ BEDS IN A SINGLE UNIT
☐ SOURCE SHUT DOWN ☒ OTHER: DESCRIBE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
13. TIME ON LINE BEFORE REGENERATION: varies MIN/BED	15. TIME ON LINE BEFORE REGENERATION: varies MIN/BED
14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %	16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %

AFTERBURNER

1. FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. COMBUSTION CHAMBER DIMENSIONS:
LENGTH _____ IN, CROSS-SECTIONAL AREA _____ SQUARE IN

5. INLET GAS TEMPERATURE: °F

7. FUEL:
☐ GAS ☐ OIL: SULFUR _____ WT%

6. OPERATING TEMPERATURE OF COMBUSTION CHAMBER: °F

8. BURNERS PER AFTERBURNER:
_____ @ _____ BTU/HR EACH

9. CATALYST USED:
☐ NO ☐ YES: DESCRIBE CATALYST _____

10. HEAT EXCHANGER USED:
☐ NO ☐ YES: DESCRIBE HEAT EXCHANGER _____

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
11. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
12. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %	14. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %

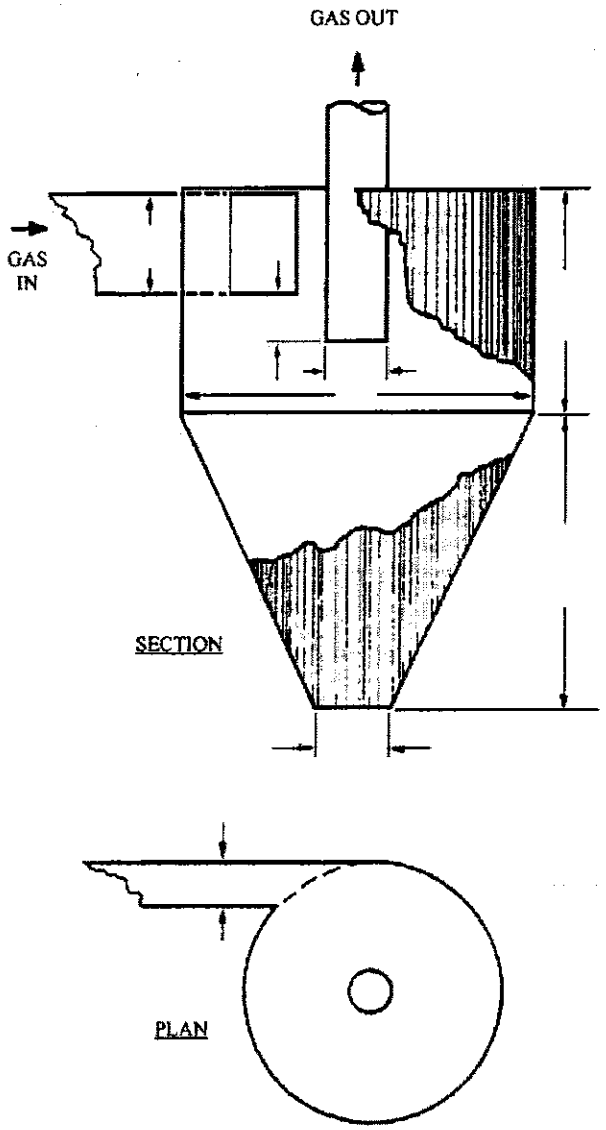
CYCLONE

1. FLOW DIAGRAM DESIGNATION(S) OF CYCLONE:

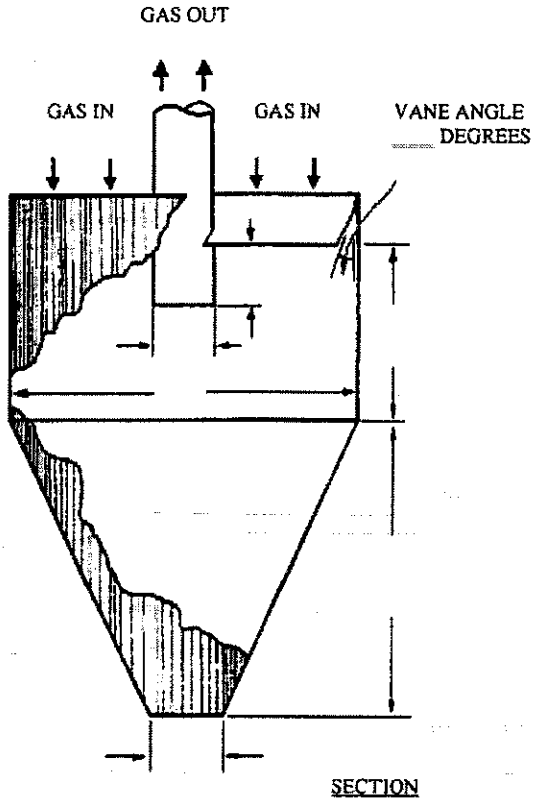
2. MANUFACTURER:	3. MODEL:
4. TYPE OF CYCLONE: ☐ SIMPLE ☐ MULTIPLE	5. NUMBER OF CYCLONES IN EACH MULTIPLE CYCLONE:

6. DIMENSION THE APPROPRIATE SKETCH (IN INCHES) OR PROVIDE A DRAWING WITH EQUIVALENT INFORMATION:

TANGENTIAL INLET CYCLONE



AXIAL INLET CYCLONE
(INDIVIDUAL CYCLONE OF MULTIPLE CYCLONE)



NOT TO SCALE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
7. GAS FLOW RATE: SCFM	9. GAS FLOW RATE: SCFM
8. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %	10. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %

CONDENSER			
1. FLOW DIAGRAM DESIGNATION(S) OF CONDENSER:			
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:	4. HEAT EXCHANGE AREA: FT^2	
AVERAGE OPERATION OF SOURCE		MAXIMUM OPERATION OF SOURCE	
5. COOLANT FLOW RATE PER CONDENSER: WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____		10. COOLANT FLOW RATE PER CONDENSER: WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____	
6. GAS FLOW RATE: SCFM		11. GAS FLOW RATE: SCFM	
7. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	8. GAS TEMPERATURE: INLET____°F OUTLET____°F	12. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	13. GAS TEMPERATURE: INLET____°F OUTLET____°F
9. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %		14. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %	

*ELECTRICAL PRECIPITATOR		
1. FLOW DIAGRAM DESIGNATION(S) OF ELECTRICAL PRECIPITATOR:		
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:	
4. COLLECTING ELECTRODE AREA PER CONTROL DEVICE: FT^2		
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE	
5. GAS FLOW RATE: SCFM	7. GAS FLOW RATE. SCFM	
6. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %	8. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %	
SUBMIT THE MANUFACTURER'S SPECIFICATIONS FOR THE ELECTRICAL PRECIPITATOR. REFERENCE THE INFORMATION TO THIS FORM.		

*ELECTRICAL PRECIPITATORS VARY GREATLY IN THEIR DESIGN AND IN THEIR COMPLEXITY. THE ITEMS IN THIS SECTION PROVIDE A MINIMUM AMOUNT OF INFORMATION. THE APPLICANT MUST, HOWEVER, SUBMIT WITH THIS APPLICATION THE MANUFACTURER'S SPECIFICATIONS, INCLUDING ANY DRAWINGS, TECHNICAL DOCUMENTS, ETC. IF THE INFORMATION PROVIDED BY THE MANUFACTURER'S SPECIFICATIONS IS INSUFFICIENT FOR FULL AND ACCURATE ANALYSIS, THE AGENCY WILL REQUEST SPECIFIC ADDITIONAL INFORMATION.

FILTER UNIT	
1. FLOW DIAGRAM DESIGNATION(S) OF FILTER UNIT:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. FILTERING MATERIAL:	5. FILTERING AREA: FT^2
6. CLEANING METHOD: ☐ SHAKER ☐ REVERSE AIR ☐ PULSE AIR ☐ PULSE JET ☐ OTHER: SPECIFY _____	
7. GAS COOLING METHOD: ☐ DUCT WORK: LENGTH _____ FT., DIAM _____ IN. ☐ BLEED-IN AIR ☐ WATER SPRAY ☐ OTHER SPECIFY _____	
AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. GAS FLOW RATE (FROM SOURCE): SCFM	12. GAS FLOW RATE (FROM SOURCE): SCFM
9. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM	13. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM
10. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F	14. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F
11. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %	15. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %

SCRUBBER

1. FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. TYPE OF SCRUBBER:
   - ☐ HIGH ENERGY: GAS STEAM PRESSURE DROP _____ INCH H_2O
   - ☐ PACKED: PACKING TYPE _____, PACKING SIZE _____, PACKING HEIGHT _____ IN.
   - ☐ SPRAY: NUMBER OF NOZZLES _____, NOZZLE PRESSURE _____ PSIG
   - ☐ OTHER: SPECIFY _____ ATTACH DESCRIPTION AND SKETCH WITH DIMENSIONS

5. TYPE OF FLOW:
   ☐ COCURRENT ☐ COUNTERCURRENT ☐ CROSSFLOW

6. SCRUBBER GEOMETRY:
   LENGTH IN DIRECTION OF GAS FLOW _____ IN., CROSS-SECTIONAL AREA _____ SQUARE IN.

7. CHEMICAL COMPOSITION OF SCRUBBANT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. SCRUBBANT FLOW RATE: GPM	12. SCRUBBANT FLOW RATE: GPM
9. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
10. INLET GAS TEMPERATURE: °F	14. INLET GAS TEMPERATURE: °F
11. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS	15. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS

OTHER TYPE OF CONTROL EQUIPMENT

1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CONTROL EQUIPMENT:

2. GENERIC NAME OF "OTHER" EQUIPMENT:

3. MANUFACTURER:

4. MODEL NAME AND NUMBER:

5. DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES, OF "OTHER" EQUIPMENT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
6. FLOW RATES: _____ GPM _____ SCFM	8. FLOW RATES: _____ GPM _____ SCFM
7. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %	9. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %

EMISSION INFORMATION			
1. NUMBER OF IDENTICAL CONTROL UNITS OR CONTROL SYSTEMS (DESCRIBE AS REQUIRED):			
AVERAGE OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	3a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	4a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	5a. <30 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	6a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	7a. PPM (VOL)	b. LB/HR	c.
MAXIMUM OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	9a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	10a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	11a. <50 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	12a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	13a. PPM (VOL)	b. LB/HR	c.

**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

EXHAUST POINT INFORMATION	
1. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: AAT Aeration	
2. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): Top of housing	
3. EXIT HEIGHT ABOVE GRADE: 78"	4. EXIT DIAMETER: 14"
5. GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft
AVERAGE OPERATION	MAXIMUM OPERATION
7. EXIT GAS TEMPERATURE: 68 °F	9. EXIT GAS TEMPERATURE: 68 °F
8. GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM	10. GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
1021 NORTH GRAND AVENUE, EAST
SPRINGFIELD, ILLINOIS 62702

* DATA AND INFORMATION AIR POLLUTION CONTROL EQUIPMENT	

* THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF OWNER: Medline Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: Additional Sterilizer AAT Dry Bed	

INSTRUCTIONS
1. COMPLETE THE ABOVE IDENTIFICATION SECTION. 2. COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM. BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM. 3. COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION. 4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION. 5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION. 6. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS
AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY: AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES. MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FOR THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY: MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

ADSORPTION UNIT

1. FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Added AAT dry Bed

2. MANUFACTURER: Advanced Air Technologies, Inc.

3. MODEL NAME AND NUMBER: AAT DR 490A

4. ADSORBENT:
☐ ACTIVATED CHARCOAL TYPE _____ ☒ OTHER SPECIFY 25SCC2RE reac

5. ADSORBATE(S): Ethylene Oxide

6. NUMBER OF BEDS PER UNIT: 10

7. WEIGHT OF ABSORBENT PER BED: 950 LB

8. DIMENSIONS OF BED:
THICKNESS 18 x 2 bd IN, SURFACE AREA 2369 ea SQUARE IN

9. INLET GAS TEMPERATURE: 68 °F

9. PRESSURE DROP ACROSS UNIT: 3 INCH H_2O GAUGE

11. TYPE OF REGENERATION:
☐ REPLACEMENT ☐ STEAM ☒ OTHER SPECIFY New replace

12. METHOD OF REGENERATION:
☐ ALTERNATE USE OF _____ ENTIRE UNITS ☐ ALTERNATE USE OF _____ BEDS IN A SINGLE UNIT
☐ SOURCE SHUT DOWN ☒ OTHER DESCRIBE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
13. TIME ON LINE BEFORE REGENERATION: varies MIN/BED	15. TIME ON LINE BEFORE REGENERATION: varies MIN/BED
14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %	16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %

AFTERBURNER

1. FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. COMBUSTION CHAMBER DIMENSIONS:
LENGTH _____ IN, CROSS-SECTIONAL AREA _____ SQUARE IN

5. INLET GAS TEMPERATURE: °F

7. FUEL:
☐ GAS ☐ OIL SULFUR _____ WT%

6. OPERATING TEMPERATURE OF COMBUSTION CHAMBER: °F

8. BURNERS PER AFTERBURNER:
_____ @ _____ BTU/HR EACH

9. CATALYST USED:
☐ NO ☐ YES DESCRIBE CATALYST _____

10. HEAT EXCHANGER USED:
☐ NO ☐ YES DESCRIBE HEAT EXCHANGER _____

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
11. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
12. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %	14. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %

CYCLONE

1. FLOW DIAGRAM DESIGNATION(S) OF CYCLONE:

2. MANUFACTURER:

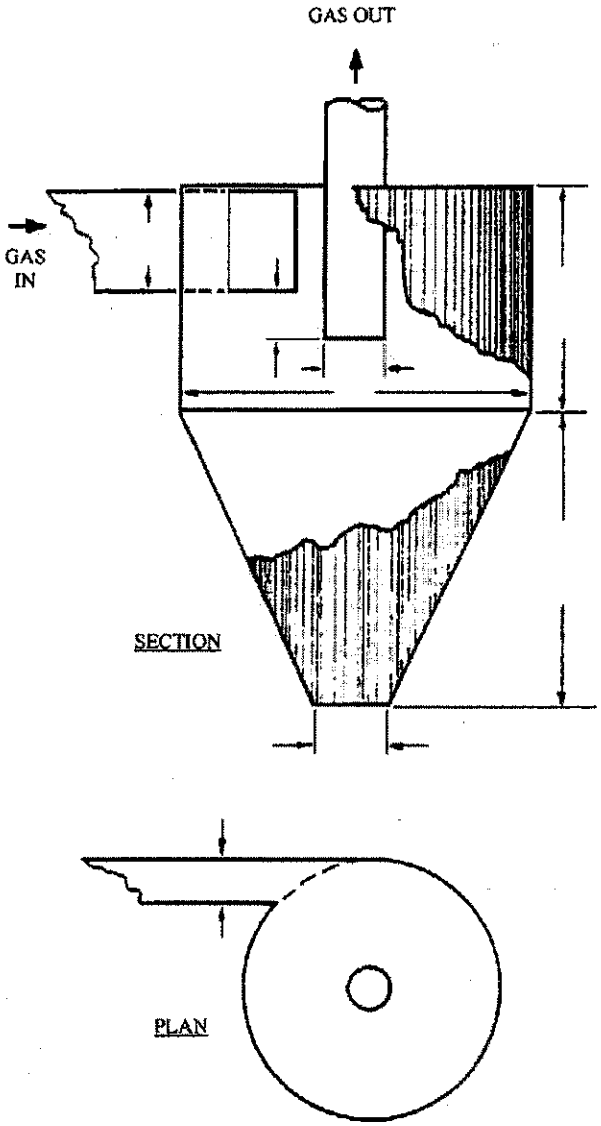
3. MODEL:

4. TYPE OF CYCLONE:
☐ SIMPLE ☐ MULTIPLE

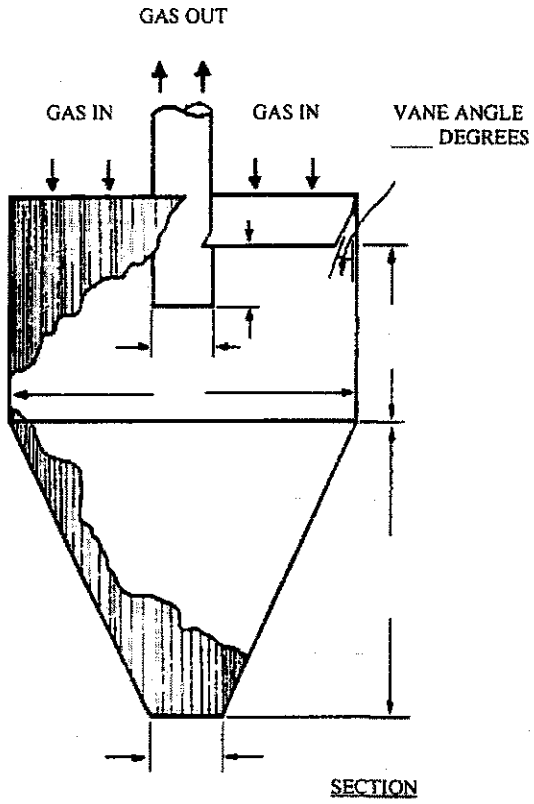
5. NUMBER OF CYCLONES IN EACH MULTIPLE CYCLONE:

6. DIMENSION THE APPROPRIATE SKETCH (IN INCHES) OR PROVIDE A DRAWING WITH EQUIVALENT INFORMATION:

TANGENTIAL INLET CYCLONE



AXIAL INLET CYCLONE
(INDIVIDUAL CYCLONE OF MULTIPLE CYCLONE)



NOT TO SCALE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
7. GAS FLOW RATE: SCFM	9. GAS FLOW RATE: SCFM
8. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %	10. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %

CONDENSER		
1. FLOW DIAGRAM DESIGNATION(S) OF CONDENSER:		
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:	4. HEAT EXCHANGE AREA: FT²

AVERAGE OPERATION OF SOURCE		MAXIMUM OPERATION OF SOURCE	
5. COOLANT FLOW RATE PER CONDENSER: WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____		10. COOLANT FLOW RATE PER CONDENSER WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____	
6. GAS FLOW RATE: SCFM		11. GAS FLOW RATE: SCFM	
7. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	8. GAS TEMPERATURE: INLET____°F OUTLET____°F	12. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	13. GAS TEMPERATURE: INLET____°F OUTLET____°F
9. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %		14. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %	

*ELECTRICAL PRECIPITATOR	
1. FLOW DIAGRAM DESIGNATION(S) OF ELECTRICAL PRECIPITATOR:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. COLLECTING ELECTRODE AREA PER CONTROL DEVICE: FT²	

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
5. GAS FLOW RATE: SCFM	7. GAS FLOW RATE: SCFM
6. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %	8. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %
SUBMIT THE MANUFACTURER'S SPECIFICATIONS FOR THE ELECTRICAL PRECIPITATOR. REFERENCE THE INFORMATION TO THIS FORM.	

*ELECTRICAL PRECIPITATORS VARY GREATLY IN THEIR DESIGN AND IN THEIR COMPLEXITY. THE ITEMS IN THIS SECTION PROVIDE A MINIMUM AMOUNT OF INFORMATION. THE APPLICANT MUST, HOWEVER, SUBMIT WITH THIS APPLICATION THE MANUFACTURER'S SPECIFICATIONS, INCLUDING ANY DRAWINGS, TECHNICAL DOCUMENTS, ETC. IF THE INFORMATION PROVIDED BY THE MANUFACTURER'S SPECIFICATIONS IS INSUFFICIENT FOR FULL AND ACCURATE ANALYSIS, THE AGENCY WILL REQUEST SPECIFIC ADDITIONAL INFORMATION.

FILTER UNIT	
1. FLOW DIAGRAM DESIGNATION(S) OF FILTER UNIT:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. FILTERING MATERIAL:	5. FILTERING AREA: FT²
6. CLEANING METHOD: ☐ SHAKER ☐ REVERSE AIR ☐ PULSE AIR ☐ PULSE JET ☐ OTHER: SPECIFY _____	
7. GAS COOLING METHOD: ☐ DUCT WORK: LENGTH _____ FT., DIAM _____ IN. ☐ BLEED-IN AIR ☐ WATER SPRAY ☐ OTHER: SPECIFY _____	

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. GAS FLOW RATE (FROM SOURCE): SCFM	12. GAS FLOW RATE (FROM SOURCE): SCFM
9. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM	13. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM
10. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F	14. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F
11. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %	15. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %

SCRUBBER

1. FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. TYPE OF SCRUBBER:
   - ☐ HIGH ENERGY: GAS STEAM PRESSURE DROP _____ INCH H_2O
   - ☐ PACKED: PACKING TYPE _____, PACKING SIZE _____, PACKING HEIGHT _____ IN.
   - ☐ SPRAY: NUMBER OF NOZZLES _____, NOZZLE PRESSURE _____ PSIG
   - ☐ OTHER: SPECIFY _____ ATTACH DESCRIPTION AND SKETCH WITH DIMENSIONS

5. TYPE OF FLOW:
   ☐ COCURRENT ☐ COUNTERCURRENT ☐ CROSSFLOW

6. SCRUBBER GEOMETRY:
   LENGTH IN DIRECTION OF GAS FLOW _____ IN., CROSS-SECTIONAL AREA _____ SQUARE IN.

7. CHEMICAL COMPOSITION OF SCRUBBANT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. SCRUBBANT FLOW RATE: GPM	12. SCRUBBANT FLOW RATE: GPM
9. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
10. INLET GAS TEMPERATURE: °F	14. INLET GAS TEMPERATURE: °F
11. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS	15. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS

OTHER TYPE OF CONTROL EQUIPMENT

1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CONTROL EQUIPMENT:

2. GENERIC NAME OF "OTHER" EQUIPMENT:

3. MANUFACTURER:

4. MODEL NAME AND NUMBER:

5. DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES, OF "OTHER" EQUIPMENT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
6. FLOW RATES: _____ GPM _____ SCFM	8. FLOW RATES: _____ GPM _____ SCFM
7. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %	9. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %

EMISSION INFORMATION			
1. NUMBER OF IDENTICAL CONTROL UNITS OR CONTROL SYSTEMS (DESCRIBE AS REQUIRED):			
AVERAGE OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	3a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	4a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	5a. <30 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	6a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	7a. PPM (VOL)	b. LB/HR	c.
MAXIMUM OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	9a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	10a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	11a <50 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	12a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	13a. PPM (VOL)	b. LB/HR	c.

**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE. POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC

EXHAUST POINT INFORMATION	
1. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: Added AAT Sterilizer	
2. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): Top of housing	
3. EXIT HEIGHT ABOVE GRADE: 78"	4. EXIT DIAMETER: 14"
5. GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft
AVERAGE OPERATION	**MAXIMUM OPERATION**
7. EXIT GAS TEMPERATURE: 68 °F	9. EXIT GAS TEMPERATURE: 68 °F
8. GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM	10. GAS FLOW RATE THROUGH EACH EXIT: 20,000 ACFM

STATE OF ILLINOIS
ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL
1021 NORTH GRAND AVENUE, EAST
SPRINGFIELD, ILLINOIS 62702

* DATA AND INFORMATION AIR POLLUTION CONTROL EQUIPMENT	

* THIS INFORMATION FORM IS TO BE COMPLETED FOR AN EMISSION SOURCE OTHER THAN A FUEL COMBUSTION EMISSION SOURCE OR AN INCINERATOR. A FUEL COMBUSTION EMISSION SOURCE IS A FURNACE, BOILER, OR SIMILAR EQUIPMENT USED PRIMARILY FOR PRODUCING HEAT OR POWER BY INDIRECT HEAT TRANSFER. AN INCINERATOR IS AN APPARATUS IN WHICH REFUSE IS BURNED.

1. NAME OF OWNER: Medline Industries	2. NAME OF CORPORATE DIVISION OR PLANT (IF DIFFERENT FROM OWNER):
3. STREET ADDRESS OF CONTROL EQUIPMENT: 1160 South Northpoint Boulevard	4. CITY OF CONTROL EQUIPMENT Waukegan IL 60085
5. NAME OF CONTROL EQUIPMENT OR CONTROL SYSTEM: AAT Safe- Cell Dry Bed Sterilizer	

INSTRUCTIONS
1. COMPLETE THE ABOVE IDENTIFICATION SECTION.
2. COMPLETE THE APPROPRIATE SECTION FOR THE UNIT OF CONTROL EQUIPMENT, OR THE APPROPRIATE SECTIONS FOR THE CONTROL SYSTEM. BE CERTAIN THAT THE ARRANGEMENT OF VARIOUS UNITS IN A CONTROL SYSTEM IS MADE CLEAR IN THE PROCESS FLOW DIAGRAM.
3. COMPLETE PAGE 6 OF THIS FORM, EMISSION INFORMATION AND EXHAUST POINT INFORMATION.
4. EFFICIENCY VALUES SHOULD BE SUPPORTED WITH A DETAILED EXPLANATION OF THE METHOD OF CALCULATION, THE MANNER OF ESTIMATION, OR THE SOURCE OF INFORMATION. REFERENCE TO THIS FORM ANY RELEVANT INFORMATION OR EXPLANATION INCLUDED IN THIS PERMIT APPLICATION.
5. EFFICIENCY VALUES AND CERTAIN OTHER ITEMS OF INFORMATION ARE TO BE GIVEN FOR AVERAGE AND MAXIMUM OPERATION OR THE SOURCE EQUIPMENT. FOR EXAMPLE, "MAXIMUM EFFICIENCY" IS THE EFFICIENCY OF THE CONTROL EQUIPMENT WHEN THE SOURCE IS AT MAXIMUM OPERATION, AND "AVERAGE FLOW RATE" IS THE FLOW RATE INTO HE CONTROL EQUIPMENT WHEN THE SOURCE IS AT AVERAGE OPERATION.
6. FOR GENERAL INFORMATION REFER TO "GENERAL INSTRUCTIONS FOR PERMIT APPLICATIONS," APC-201.

DEFINITIONS
AVERAGE - THE VALUE THAT SUMMARIZES OR REPRESENTS THE GENERAL CONDITION OF THE EMISSION SOURCE, OR THE GENERAL STATE OF PRODUCTION OF THE EMISSION SOURCE SPECIFICALLY: AVERAGE OPERATION - OPERATION TYPICAL OF THE PRECEDING TWELVE MONTH PERIOD, AS REPRESENTED BY AVERAGE OPERATING TIME AND AVERAGE RATES.
MAXIMUM - THE GREATEST VALUE ATTAINABLE OR ATTAINED FOR THE EMISSION SOURCE, OR THE PERIOD OF GREATEST OR UTMOST PRODUCTION OF THE EMISSION SOURCE. SPECIFICALLY: MAXIMUM OPERATION - GREATEST EXPECTED OPERATION, AS REPRESENTED BY MAXIMUM OPERATING TIME AND MAXIMUM RATES.

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

ADSORPTION UNIT

1. FLOW DIAGRAM DESIGNATION(S) OF ADSORPTION UNIT: Sterilizer Dry Bed

2. MANUFACTURER: Advanced Air Technologies, Inc.

3. MODEL NAME AND NUMBER: Safe- Cell II Model DR- 490A

4. ADSORBENT:
☐ ACTIVATED CHARCOAL: TYPE _____ ☒ OTHER: SPECIFY 25SC2RE React

5. ADSORBATE(S): Ethylene Oxide

6. NUMBER OF BEDS PER UNIT: 8

7. WEIGHT OF ABSORBENT PER BED: 760 LB

8. DIMENSIONS OF BED:
THICKNESS 18 x 2 bd IN, SURFACE AREA 2368 ea SQUARE IN

9. INLET GAS TEMPERATURE: 68 °F

9. PRESSURE DROP ACROSS UNIT: 3 INCH H_2O GAUGE

11. TYPE OF REGENERATION:
☐ REPLACEMENT ☐ STEAM ☒ OTHER: SPECIFY New replace

12. METHOD OF REGENERATION:
☐ ALTERNATE USE OF _____ ENTIRE UNITS ☐ ALTERNATE USE OF _____ BEDS IN A SINGLE UNIT
☐ SOURCE SHUT DOWN ☒ OTHER: DESCRIBE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
13. TIME ON LINE BEFORE REGENERATION: varies MIN/BED	15. TIME ON LINE BEFORE REGENERATION: varies MIN/BED
14. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %	16. EFFICIENCY OF ABSORBER (SEE INSTRUCTION 4): 99 vendor %

AFTERBURNER

1. FLOW DIAGRAM DESIGNATION(S) OF AFTERBURNER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. COMBUSTION CHAMBER DIMENSIONS:
LENGTH _____ IN, CROSS-SECTIONAL AREA _____ SQUARE IN

5. INLET GAS TEMPERATURE: °F

7. FUEL:
☐ GAS ☐ OIL: SULFUR _____ WT%

6. OPERATING TEMPERATURE OF COMBUSTION CHAMBER: °F

8. BURNERS PER AFTERBURNER:
_____ @ _____ BTU/HR EACH

9. CATALYST USED:
☐ NO ☐ YES: DESCRIBE CATALYST _____

10. HEAT EXCHANGER USED:
☐ NO ☐ YES: DESCRIBE HEAT EXCHANGER _____

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
11. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
12. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %	14. EFFICIENCY OF AFTERBURNER (SEE INSTRUCTION 4): %

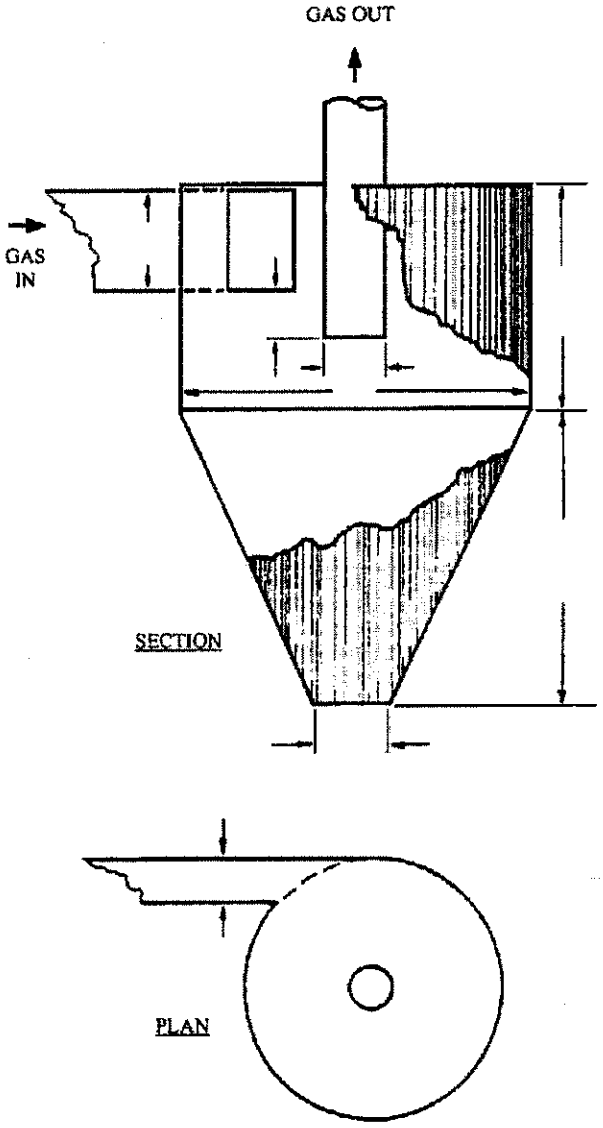
CYCLONE

1. FLOW DIAGRAM DESIGNATION(S) OF CYCLONE:

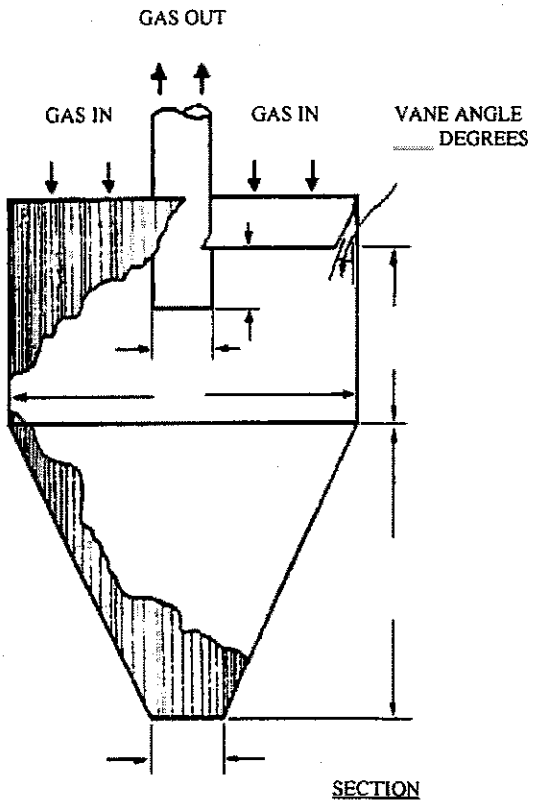
2. MANUFACTURER:	3. MODEL:
4. TYPE OF CYCLONE: ☐ SIMPLE ☐ MULTIPLE	5. NUMBER OF CYCLONES IN EACH MULTIPLE CYCLONE:

6. DIMENSION THE APPROPRIATE SKETCH (IN INCHES) OR PROVIDE A DRAWING WITH EQUIVALENT INFORMATION:

TANGENTIAL INLET CYCLONE



AXIAL INLET CYCLONE
(INDIVIDUAL CYCLONE OF MULTIPLE CYCLONE)



NOT TO SCALE

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
7. GAS FLOW RATE: SCFM	9. GAS FLOW RATE: SCFM
8. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %	10. EFFICIENCY OF CYCLONE (SEE INSTRUCTION 4): %

CONDENSER		
1. FLOW DIAGRAM DESIGNATION(S) OF CONDENSER:		
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:	4. HEAT EXCHANGE AREA: FT²

AVERAGE OPERATION OF SOURCE		MAXIMUM OPERATION OF SOURCE	
5. COOLANT FLOW RATE PER CONDENSER: WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____		10. COOLANT FLOW RATE PER CONDENSER: WATER _____ GPM AIR _____ SCFM OTHER: TYPE _____, FLOW RATE _____	
6. GAS FLOW RATE: SCFM		11. GAS FLOW RATE: SCFM	
7. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	8. GAS TEMPERATURE: INLET____°F OUTLET____°F	12. COOLANT TEMPERATURE: INLET____°F OUTLET____°F	13. GAS TEMPERATURE: INLET____°F OUTLET____°F
9. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %		14. EFFICIENCY OF CONDENSER (SEE INSTRUCTION 4): %	

*ELECTRICAL PRECIPITATOR	
1. FLOW DIAGRAM DESIGNATION(S) OF ELECTRICAL PRECIPITATOR:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. COLLECTING ELECTRODE AREA PER CONTROL DEVICE: FT²	

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
5. GAS FLOW RATE: SCFM	7. GAS FLOW RATE: SCFM
6. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %	8. EFFICIENCY OF ELECTRICAL PRECIPITATOR(SEE INSTRUCTION 4): %
SUBMIT THE MANUFACTURER'S SPECIFICATIONS FOR THE ELECTRICAL PRECIPITATOR. REFERENCE THE INFORMATION TO THIS FORM.	

*ELECTRICAL PRECIPITATORS VARY GREATLY IN THEIR DESIGN AND IN THEIR COMPLEXITY. THE ITEMS IN THIS SECTION PROVIDE A MINIMUM AMOUNT OF INFORMATION. THE APPLICANT MUST, HOWEVER, SUBMIT WITH THIS APPLICATION THE MANUFACTURER'S SPECIFICATIONS, INCLUDING ANY DRAWINGS, TECHNICAL DOCUMENTS, ETC. IF THE INFORMATION PROVIDED BY THE MANUFACTURER'S SPECIFICATIONS IS INSUFFICIENT FOR FULL AND ACCURATE ANALYSIS, THE AGENCY WILL REQUEST SPECIFIC ADDITIONAL INFORMATION

FILTER UNIT	
1. FLOW DIAGRAM DESIGNATION(S) OF FILTER UNIT:	
2. MANUFACTURER:	3. MODEL NAME AND NUMBER:
4. FILTERING MATERIAL:	5. FILTERING AREA: FT²
6. CLEANING METHOD: ☐ SHAKER ☐ REVERSE AIR ☐ PULSE AIR ☐ PULSE JET ☐ OTHER: SPECIFY _____	
7. GAS COOLING METHOD: ☐ DUCT WORK: LENGTH _____ FT., DIAM _____ IN ☐ BLEED-IN AIR ☐ WATER SPRAY ☐ OTHER: SPECIFY _____	

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. GAS FLOW RATE (FROM SOURCE): SCFM	12. GAS FLOW RATE (FROM SOURCE): SCFM
9. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM	13. GAS COOLING FLOW RATE: BLEED-IN AIR _____ SCFM, WATER SPRAY _____ GPM
10. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F	14. INLET GAS CONDITION: TEMPERATURE _____ °F DEWPOINT _____ °F
11. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %	15. EFFICIENCY OF FILTER UNIT (SEE INSTRUCTION 4): %

SCRUBBER

1. FLOW DIAGRAM DESIGNATION(S) OF SCRUBBER:

2. MANUFACTURER:

3. MODEL NAME AND NUMBER:

4. TYPE OF SCRUBBER:
   - ☐ HIGH ENERGY: GAS STEAM PRESSURE DROP _____ INCH H_2O
   - ☐ PACKED: PACKING TYPE _____, PACKING SIZE _____, PACKING HEIGHT _____ IN.
   - ☐ SPRAY: NUMBER OF NOZZLES _____, NOZZLE PRESSURE _____ PSIG
   - ☐ OTHER: SPECIFY _____ ATTACH DESCRIPTION AND SKETCH WITH DIMENSIONS

5. TYPE OF FLOW:
   ☐ COCURRENT ☐ COUNTERCURRENT ☐ CROSSFLOW

6. SCRUBBER GEOMETRY:
   LENGTH IN DIRECTION OF GAS FLOW _____ IN., CROSS-SECTIONAL AREA _____ SQUARE IN.

7. CHEMICAL COMPOSITION OF SCRUBBANT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
8. SCRUBBANT FLOW RATE: GPM	12. SCRUBBANT FLOW RATE: GPM
9. GAS FLOW RATE: SCFM	13. GAS FLOW RATE: SCFM
10. INLET GAS TEMPERATURE: °F	14. INLET GAS TEMPERATURE: °F
11. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS	15. EFFICIENCY OF SCRUBBER (SEE INSTRUCTION 4): _____ % PARTICULATE _____ % GASEOUS

OTHER TYPE OF CONTROL EQUIPMENT

1. FLOW DIAGRAM DESIGNATION(S) OF "OTHER TYPE" OF CONTROL EQUIPMENT:

2. GENERIC NAME OF "OTHER" EQUIPMENT:

3. MANUFACTURER:

4. MODEL NAME AND NUMBER:

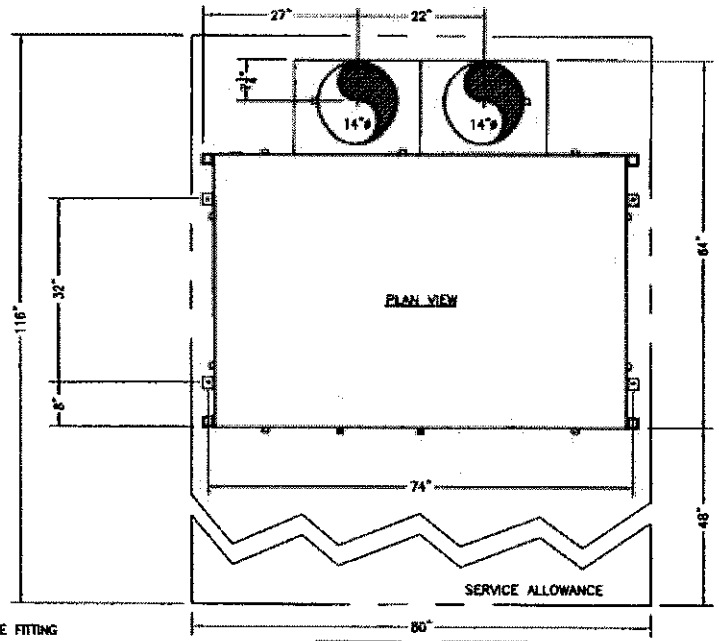
5. DESCRIPTION AND SKETCH, WITH DIMENSIONS AND FLOW RATES, OF "OTHER" EQUIPMENT:

AVERAGE OPERATION OF SOURCE	MAXIMUM OPERATION OF SOURCE
6. FLOW RATES: _____ GPM _____ SCFM	8. FLOW RATES: _____ GPM _____ SCFM
7. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %	9. EFFICIENCY OF "OTHER" EQUIPMENT (SEE INSTRUCTION 4): %

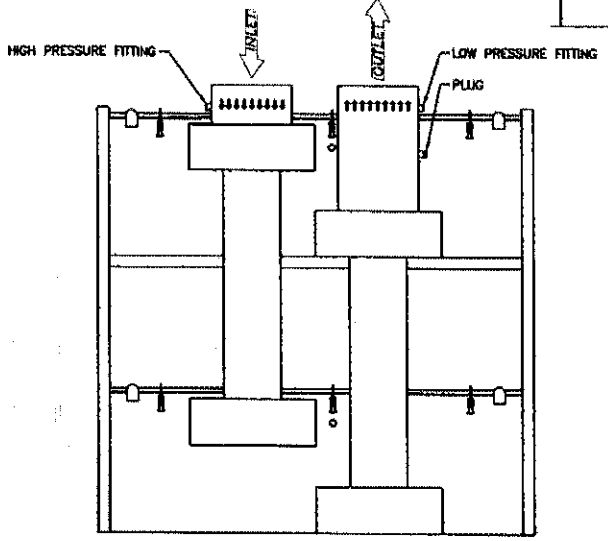
EMISSION INFORMATION			
1. NUMBER OF IDENTICAL CONTROL UNITS OR CONTROL SYSTEMS (DESCRIBE AS REQUIRED):			
AVERAGE OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	2a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	3a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	4a PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	5a. <30 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	6a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	7a. PPM (VOL)	b. LB/HR	c.
MAXIMUM OPERATION			
CONTAMINANT	CONCENTRATION OR EMISSION RATE PER IDENTICAL CONTROL UNITS OR CONTROL SYSTEM		METHOD USED TO DETERMINE CONCENTRATION OR EMISSION RATE
PARTICULATE MATTER	8a. GR/SCF	b. LB/HR	c.
CARBON MONOXIDE	9a. PPM (VOL)	b. LB/HR	c.
NITROGEN OXIDES	10a. PPM (VOL)	b. LB/HR	c.
ORGANIC MATERIAL	11a <50 PPM (VOL)	b. LB/HR	c. Measured
SULFUR DIOXIDE	12a. PPM (VOL)	b. LB/HR	c.
**OTHER (SPECIFY)	13a. PPM (VOL)	b. LB/HR	c.

**"OTHER" CONTAMINANT SHOULD BE USED FOR AN AIR CONTAMINANT NOT SPECIFICALLY NAMED ABOVE POSSIBLE OTHER CONTAMINANTS ARE ASBESTOS, BERYLLIUM, MERCURY, VINYL CHLORIDE, LEAD, ETC.

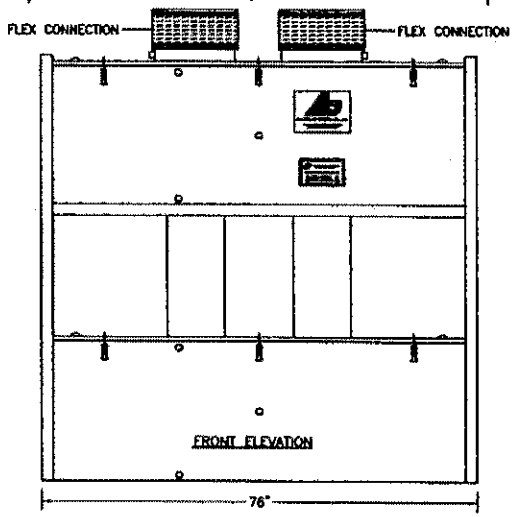
EXHAUST POINT INFORMATION	
1. FLOW DIAGRAM DESIGNATION(S) OF EXHAUST POINT: AAT Sterilizer	
2. DESCRIPTION OF EXHAUST POINT (LOCATION IN RELATION TO BUILDINGS, DIRECTION, HOODING, ETC.): Top of housing	
3. EXIT HEIGHT ABOVE GRADE: 78"	4. EXIT DIAMETER: 14"
5. GREATEST HEIGHT OF NEARBY BUILDINGS: 30 ft	6. EXIT DISTANCE FROM NEAREST PLANT BOUNDARY: 100 ft
AVERAGE OPERATION	MAXIMUM OPERATION
7. EXIT GAS TEMPERATURE: 68 °F	9. EXIT GAS TEMPERATURE: 68 °F
8. GAS FLOW RATE THROUGH EACH EXIT: 16,000 ACFM	10. GAS FLOW RATE THROUGH EACH EXIT: 16,000 ACFM

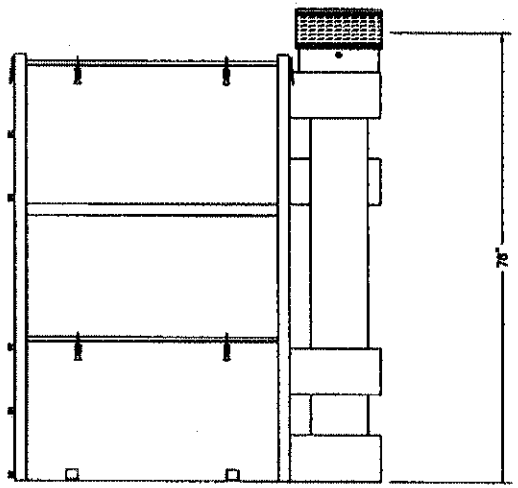


2000 CFM
WEIGHT: 2,200 LBS.



BACK ELEVATION





RIGHT SIDE

ADVANCED AIR TECHNOLOGIES, INC.
300 Earl Stevenson Drive
Corunna, Michigan 48817
ph. 989.743.5544 fax 989.743.5624
AIR POLLUTION CONTROL SYSTEMS

FILE NAME: DR490 Customer Assembly		REV.	DATE:		
JOB NUMBER:	DRAWN BY: FF	REV.	DATE:		
DATE: 03/22/06	P.O. NUMBER:	REV.	DATE:		
SCALE: N/A	APPROVED BY:	REV.	DATE:		

PROJECT TITLE:
DR-490

DRAWING TITLE:
DR-490 A CUSTOMER ASSEMBLY

DWG. NUMBER: 01 REV.

Illinois Environmental Protection Agency

Bureau of Air • 1021 North Grand Avenue East • P.O. Box 19506 • Springfield • Illinois • 62794-9506

FEE DETERMINATION FOR CONSTRUCTION PERMIT APPLICATION

FOR AGENCY USE ONLY

ID Number: 097 190 AFG Permit #: 19 02 0013

☐ Complete ☐ Incomplete Date Complete: _____

Check Number: _____ Account Name: _____

No ck enclosed

This form is to be used to supply fee information that must accompany all construction permit applications. This application must include payment in full to be deemed complete. Make check or money order payable to the Illinois Environmental Protection Agency, Division of Air Pollution Control - Permit Section at the above address. Do NOT send cash. Refer to instructions (197-INST) for assistance.

Source Information

1. Source Name: Medline Industries (Waukegan), Division of Northpoint Services
2. Project Name: Improvement Project
3. Source ID #: (if applicable) 097190 AFG
4. Contact Name: Jasper Titus
5. Contact Phone #: (847) 837 2784

Fee Determination

6. The boxes below are automatically calculated.

Section 1 Subtotal $0.00 + Section 2, 3 or 4 Subtotal $500.00 = $500.00 Grand Total

Section 1: Status of Source/Purpose of Submittal

7. Your application will fall under only one of the following five categories described below. Check the box that applies. Proceed to applicable sections. For purposes of this form:

- **Major Source** is a source that is required to obtain a CAAPP permit.
- **Synthetic Minor Source** is a source that has taken limits on potential to emit in a permit to avoid CAAPP permit requirements (e.g.,FESOP).
- **Non-Major Source** is a source that is not a major or synthetic minor source.

☐ Existing source without status change or with status change from synthetic minor to major source or vice versa. Proceed to Section 2.

☐ Existing non-major source that will become synthetic minor to major source. Proceed to Section 4.

☐ New major or synthetic minor source. Proceed to Section 4.

☐ New non-major source. Proceed to Section 3.

$0.00 Section 1 Subtotal

☐ AGENCY ERROR. If this is a timely request to correct an issued permit that involves only an agency error and if the request is received within the deadline for a permit appeal to the Pollution Control Board. Skip Sections 2, 3 and 4. Proceed directly to Section 5.

This agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 ET SEQ. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

Section 2: Special Case Filing Fee

8. **Filing Fee.** If the application only addresses one or more of the following, check the appropriate boxes, skip Sections 3 and 4 and proceed directly to Section 5. Otherwise, proceed to Section 3 or 4 as appropriate.

☑ Addition or replacement of control devices on permitted units.

☐ Pilot projects/trial burns by a permitted unit

☐ Land remediation projects $500.00

☐ Revisions related to methodology or timing for emission testing

☐ Minor administrative-type change to a permit

Section 3: Fees for Current or Projected Non-Major Sources

9. This application consists of a single new emission unit or no more than two modified emission units. ($500 fee)

10. This application consists of more than one new emission unit or more than two modified units. ($1,000 fee)

11. This application consists of a new source or emission unit subject to Section 39.2 of the Act (i.e., Local Siting Review); a commercial incinerator or a municipal waste, hazardous waste, or waste tire incinerator; a commercial power generator; or an emission unit designated as a complex source by agency rulemaking. ($15,000 fee)

12. A public hearing is held (see instructions). ($10,000 fee)

13. Section 3 subtotal. (lines 9 through 12 - entered on page 1) 13. $0.00

Section 4: Fees for Current or Projected Major or Synthetic Minor Sources

Application contains modified emission units only	14. For the first modified emission unit, enter $2,000.	
	15. Number of additional modified emission units = x $1,000.	
	16. Line 14 plus line 15, or $5,000, whichever is less.	16. $0.00
Application contains new and/or modified emission units	17. For the first new emission unit, enter $4,000.	
	18. Number of additional new and/or modified emission units = x $1,000.	
	19. Line 17 plus line 18, or $10,000, whichever is less.	19. $0.00
Application contains netting exercise	20. Number of individual pollutants that rely on a netting exercise or contemporaneous emissions decrease to avoid application of PSD or nonattainment area NSR = x $3,000.	20. $0.00
Additional Supplemental Fees	21. If the new source or emission unit is subject to Section 39.2 of the Act (i.e. siting); a commercial incinerator or other municipal waste, hazardous waste, or waste tire incinerator; a commercial power generator; or one or more other emission units designated as a complex source by Agency rulemaking, enter $25,000.	
	22. If the source is a new major source subject to PSD, enter $12,000.	
	23. If the project is a major modification subject to PSD, enter $6,000.	
	24. If this is a new major source subject to nonattainment area (NAA) NSR, enter $20,000.	
	25. If this is a major modification subject to NAA NSR, enter $12,000.	
	26. If the application involves a determination of MACT for a pollutant and the project is not subject to BACT or LAER for the related pollutant under PSD or NSR (e.g., VOM for organic HAP), enter $5,000 per unit for which a determination is requested or otherwise required. x $5,000.	26. $0.00
	27. If a public hearing is held (see instructions), enter $10,000.	
28. Section 4 subtotal (line 16 and lines 19 through 28) to be entered on page1		28. $0.00

Section 5: Certification

NOTE: Applications without a signed certification will be deemed incomplete.

29. I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the information contained in this fee application form is true, accurate and complete.

by: Jasper Titus
Signature

Director, Environmental Health & Safety
Title of Signatory

Jasper Titus
Typed or Printed Name of Signatory

Feb 6, 2019
Date

Illinois EPA FOIA Exemption Reference Sheet

SID: 26164

Agency ID: 170000103572 Media File Type: AIR
Bureau ID: 097190AFG
Site Name: Medline Industries Inc Northpoint Services Div
Site Address1: 1160 S Northpoint Blvd
Site Address2:
Site City: Waukegan State: IL Zip: 60085-6757

This record has been determined to be partially or wholly exempt from public disclosure

Exemption Type:

Portion Removed

Exempt Doc #: 4 **Document Date:** 2 /14/2019 **Staff:** MED

Document Description: CONTROL FOR NEGATIVE PRESSURE DIAGRAM AND NARRATIVE PAGES 27-30

Category ID: 03M **Category Description:** AIR PERMIT - CONSTRUCTION/JOINT **Exempt Type:** Portion Removed

Permit ID: **Date of Determination:** 2 /26/2019

COPY

RECEIVED
STATE OF ILLINOIS
FEB 14 2019
Environmental Protection Agency
BUREAU OF AIR

Illinois Environmental Protection Agency
Division Of Air Pollution Control -- Permit Section
P.O. Box 19506
Springfield, Illinois 62794-9506

Construction Permit Application For a FESOP Source (FORM APC628)

For Illinois EPA use only
BOA ID No.:
Application No.:
Date Received:

This form is to be used to supply information to obtain a construction permit for a proposed project involving a Federally Enforceable State Operating Permit (FESOP) or Synthetic Minor source, including construction of a new FESOP source. Other necessary information must accompany this form as discussed in the "General Instructions For Permit Applications," Form APC-201.

Proposed Project

1. Working Name of Proposed Project:
   Medline Industries (Waukegan), Division of Northpoint Serviecs, Improvement Project
2. Is the project occurring at a source that already has a permit from the Bureau of Air (BOA)?
   ☐ No ☒ Yes If Yes, provide BOA ID Number: 097190 AFG
3. Does this application request a revision to an existing construction permit issued by the BOA?
   ☒ No ☐ Yes If Yes, provide Permit Number: __ __ __ __ __ __ __ __
4. Does this application request that the new/modified emission units be incorporated into an existing FESOP issued by the BOA?
   ☒ No ☐ Yes If Yes, provide Permit Number: __ __ __ __ __ __ __ __

Source Information

5. Source name:*
   Medline Industries
6. Source street address:*
   1160 South Northpoint Boulevard

7. City:	8. County:	9. Zip code:
Waukegan	Lake	60085

ONLY COMPLETE THE FOLLOWING FOR A SOURCE WITHOUT AN ID NUMBER.

10. Is the source located within city limits? ☐ Yes ☐ No
    If no, provide Township Name:

11. Description of source and product(s) produced:	12. Primary Classification Code of source: SIC: __ __ __ __ or NAICS: __ __ __ __ __ __
13. Latitude (DD:MM:SS.SSSS):	14. Longitude (DD:MM:SS.SSSS):

* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Applicant Information

15. Who is the applicant?	16. All correspondence to: (check one)
☒ Owner ☐ Operator	☒ Owner ☐ Operator ☐ Source
17. Applicant's FEIN:	18. Attention name and/or title for written correspondence:
36-2596612	Jasper Titus, Director EHS

This Agency is authorized to require and you must disclose this information under 415 ILCS 5/39. Failure to do so could result in the application being denied and penalties under 415 ILCS 5 et seq. It is not necessary to use this form in providing this information. This form has been approved by the forms management center.

Owner Information*		
19. Name: Medline Industries		
20. Address: Three Lakes Drive		
21. City: Northfield	22. State: Illinois	23. Zip code: 60093

* If this information different than previous information, then complete Form 272-CAAPP for a Request for Ownership Change for CAAPP Permit for an initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Operator Information (If Different from Owner)*		
24. Name		
25. Address:		
26. City:	27. State:	28. Zip code:

* If this information different than previous information, then complete a new Form 200-CAAPP to change the source name in initial FESOP application for the source or Form APC-620 for Air Permit Name and/or Ownership Change if the FESOP has been previously issued.

Technical Contacts for Application	
29. Preferred technical contact: (check one) ☒ Applicant's contact ☐ Consultant	
30. Applicant's technical contact person for application: Jasper Titus	
31. Contact person's telephone number (847) 837 2784	32. Contact person's email address: jtitus@medline.com
33. Applicant's consultant for application: Uday Singh	
34. Consultant's telephone number: (949) 697 1750	35. Consultant's email address: usingh0948@gmail.com

Review Of Contents of the Application		
36. Is the emission unit covered by this application already constructed? If "yes", provide the date construction was completed: Note: The Illinois EPA is unable to issue a construction permit for a emission unit that has already been constructed.	☐ Yes	☒ No
37. Does the application include a narrative description of the proposed project?	☒ Yes	☐ No
38. Does the application contain a list or summary that clearly identifies the emission units and air pollution control equipment that are part of the project?	☒ Yes	☐ No
39. Does the application include process flow diagram(s) for the project showing new and modified emission units and control equipment and related existing equipment and their relationships?	☒ Yes	☐ No
40. If the project is at a source that has not previously received a permit from the BOA, does the application include a source description, plot plan and site map?	☐ Yes	☒ No

Review Of Contents of the Application (continued)	
41. Does the application include relevant information for the proposed project as requested on Illinois EPA, BOA application forms (or otherwise contain all the relevant information)?	☒ Yes ☐ No
42. Does the application identify and address all applicable or potentially applicable emissions standards, including: a. State emission standards (35 IAC Chapter I, Subtitle B); b. Federal New Source Performance Standards (40 CFR Part 60); c. Federal standards for HAPs (40 CFR Parts 61 and 63)?	☒ Yes ☐ No
43. Does the application address whether the proposed project or the source could be a major project for Prevention of Significant Deterioration (PSD), 40 CFR 52.21?	☐ Yes ☐ No ☒ N/A
44. Does the application address for which pollutant(s) the proposed project or the source could be a major project for PSD, 40 CFR 52.21?	☐ Yes ☐ No ☒ N/A
45. Does the application address whether the proposed project or the source could be a major project for "Nonattainment New Source Review," (NA NSR), 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
46. Does the application address for which pollutant(s) the proposed project or the source could be a major project for NA NSR, 35 IAC Part 203?	☐ Yes ☐ No ☒ N/A
47. Does the application address whether the proposed project or the source could potentially be subject to federal Maximum Achievable Control Technology (MACT) standard under 40 CFR Part 63 for Hazardous Air Pollutants (HAP) and identify the standard that could be applicable?	☐ Yes ☐ No ☒ N/A* * Source not major ☒ Project not major ☒
48. Does the application identify the HAP(s) from the proposed project or the source that would trigger the applicability of a MACT standard under 40 CFR Part 63?	☐ Yes ☐ No ☒ N/A
49. Does the application include a summary of the current and the future potential emissions of the source after the proposed project has been completed for each criteria air pollutant and/or HAP (tons/year)?	☐ Yes ☐ No ☒ N/A* * Applicability of PSD, NA NSR or 40 CFR 63 not applicable to the source's emissions.
50. Does the application include a summary of the requested permitted annual emissions of the proposed project for the new and modified emission units (tons/year)?	☐ Yes ☐ No ☒ N/A* * Project does not involve an increase in emissions from new or modified emission units.
51. Does the application include a summary of the requested permitted production, throughput, fuel, or raw material usage limits that correspond to the annual emissions limits of the proposed project for the new and modified emission units?	☐ Yes ☐ No ☒ N/A* * Project does not involve an increase in emissions from new or modified emission units.
52. Does the application include sample calculations or methodology for the emission estimations and the requested emission limits?	☐ Yes ☒ No
53. Does the application address the relationships with and implications of the proposed project for the source's FESOP?	☒ Yes ☐ No ☐ N/A* *FESOP not yet issued.
54. If the application contains information that is considered a TRADE SECRET, has such information been properly marked and claimed and other requirements to perfect such a claim been satisfied in accordance with 35 IAC Part 130? Note: "Claimed information will not be legally protected from disclosure to the public if it is not properly claimed or does not qualify as trade secret information.	☒ Yes ☐ No ☐ N/A* * No information in the application is claimed to be a TRADE SECRET

Review Of Contents of the Application (continued)		
55. If the source is located in a county other than Cook County, are two separate copies of this application being submitted?	☒ Yes	☐ No
56. If the source is located in Cook County, are three separate copies of this application being submitted?	☐ Yes	☐ No
57. Does the application include a completed "FEE DETERMINATION FOR CONSTRUCTION PERMIT APPLICATION," Form 197-FEE, for the emission units and control equipment for which a permit for construction or modification is being sought?	☒ Yes	☐ No
58. Does the application include a check in the proper amount for payment of the Construction permit fee?	☒ Yes	☐ No

Note: Answering "No" to Items 36 through 58 may result in the application being deemed incomplete.

Signature Block

Pursuant to 35 IAC 201.159, all applications and supplements thereto shall be signed by the owner and operator of the source, or their authorized agent, and shall be accompanied by evidence of authority to sign the application. Applications without a signed certification will be deemed incomplete.

59. Authorized Signature:

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete and that I am a responsible official for the source, as defined by Section 39.5(1) of the Environmental Protection Act. In addition, the technical contact person identified above is authorized to submit (by hard copy and/or by electronic copy) any supplemental information related to this application that may be requested by the Illinois EPA.

BY: Jasper Titus — Director EHS

AUTHORIZED SIGNATURE — TITLE OF SIGNATORY

Jasper Titus — February 6, 2019

TYPED OR PRINTED NAME OF SIGNATORY — DATE